

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name

Uplift Family Services

Division, Department, or Region (if applicable)

Bay Area Region Programs

Designated Agency Contact (Name, Title)

Darren DeMonsi

Area Code/Phone Number

408-364-4058

E-mail

ddemonsi@upliffts.org

RECEIVED
San Jose City Clerk
Date Stamp
2017 MAR 14 AM 10:42

California Form 802

For Official Use Only

☐ **Amendment** (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50

Event Description: Barracuda c. Gulls Date(s) 03 / 05 / 17

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Uplift Family Services	24	
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Signature of Agency Head or Designee

Darren DeMonsi
Print Name

Associate Director of Fund Dev
Title

03/09/2017
(month, day, year)

Comment: _____

Has Receipt



In-Kind Donation Acknowledgment Form

Donor Information (To Be Completed by Donor)--PLEASE PRINT!		
First Name	Last Name	Company Name/Title (if applicable)
San Jose Arena Authority		Shelly Wang
Address		City Zip
Phone (specify Work, Home or Cell)		Email
		wang@sjaa.com
Describe item(s) donated:		
Barraconda vs Bulls Tickets for 3/5/17 24 tickets @ \$50/each = \$1,200		
Is the donation restricted?		
<input type="checkbox"/> No, please use where the need is greatest.		
<input checked="" type="checkbox"/> Yes: <u>BAR - Programs</u>		
Name of Program or Project		
Donor Signature		Date
THANK YOU FOR MAKING A DIFFERENCE!		
OFFICE USE ONLY (Must be completed to process form)		
<u>Darren DeMonsi</u>		<u>2/27/17</u>
Received By (Print Name)		Date
		<u>BAR</u>
Signature		Location

Uplift Family Services does whatever it takes to strengthen and advocate for children, families, adults and communities to realize their hopes for behavioral health and well-being.

Uplift Family Services is a private nonprofit 501 (c) (3) organization Tax ID #94-2295953

No goods or services were received in consideration of this gift. It is tax deductible as allowed by law.

White Copy: Fund Development
251 Llewellyn Ave
Campbell, CA 95008

Yellow Copy: Donor